

**STERLING RECREATION FALL/WINTER REGISTRATION FORM
2008/2009**

Complete this form for all programs with the exception of: Winter Youth Basketball, Ski/Snowboard, and Trips. Forms are available at the Recreation Office, Conant Library, and www.sterling-ma.gov

Please Print:

Participants Name: _____

Address _____

Phone: _____ E-Mail: _____

**PARTICIPATION WAIVER
MUST BE SIGNED FOR ALL PROGRAMS**

Must be signed below for all Programs I give my child permission to participate in the Sterling Recreation programs. I hereby release, discharge and/or indemnify the Recreation Director, Recreation committee, the Town of Sterling, its' elected officials, staff, and/or volunteers of any liability related to the operation of this program. I hereby give my consent for emergency medical care prescribed by a licensed Doctor of medicine or Doctor of Dentistry. It is possible that pictures will be taken during classes. I agree that pictures taken during program hours could potentially be used for promotional purpose.

Signature

Participant(18+)or Parent/Guardian _____ **Date:** _____

Must be completed if Participant is under 18 years of age:

DOB: _____ Age: _____ Grade _____ Gender: _____

Parent(s)Name: _____

Work phone: _____ Cell Phone: _____

Person-Other than parent- to contact in case of

PROGRAM TITLE	DAY	COST	LOCATION

EMERGENCY: _____

Relationship: _____ Phone _____

Please list any physical limitations/restrictions and/or medications being taken:

Checks Payable: Town of Sterling Mail to: Sterling Recreation, 1 Park Street, Sterling Ma. 01564

For Office use only: Check# _____ Cash _____ Amount: _____ Date: _____